

FORM 5A

Rev 06/12

State of Colorado Oil and Gas Conservation Commission

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Table with columns DE, ET, OE, ES

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Date Received:

COMPLETED INTERVAL REPORT

The completed interval Report, Form 5A, shall be submitted within thirty (30) days of completing a formation (successful or not), when a formation is temporarily abandoned or permanently abandoned, for a recompletion, reperforation or restimulation, or when a formation is commingled. Fill out a section for each formation. Attach as many pages as required to fully describe the work. List in order of completion.

1. OGCC Operator Number: 96340
2. Name of Operator: WIEPKING-FULLERTON ENERGY LLC
3. Address: 4600 S DOWNING ST
City: ENGLEWOOD State: CO Zip: 80113
4. Contact Name: Jack Fincham
Phone: (303) 906-3335
Fax: (303) 761-9067

5. API Number 05-073-06524-00
6. County: LINCOLN
7. Well Name: Pocket Money
Well Number: # 1
8. Location: QtrQtr: SWNE Section: 36 Township: 10S Range: 56W Meridian: 6
9. Field Name: GREAT PLAINS Field Code: 32756

Completed Interval

FORMATION: CHEROKEE Status: PRODUCING Treatment Type: ACID JOB

Treatment Date: 05/30/2013 End Date: 05/31/2013 Date of First Production this formation: 06/15/2013

Perforations Top: 7384 Bottom: 7392 No. Holes: 32 Hole size: 1/4

Provide a brief summary of the formation treatment: Open Hole: [ ]

Acid Job: 15% HCL (19 bbl), 2% KCL ( 46 bbl)

This formation is commingled with another formation: [ ] Yes [X] No

Total fluid used in treatment (bbl): 65
Total gas used in treatment (mcf):
Type of gas used in treatment:
Total acid used in treatment (bbl): 19
Recycled water used in treatment (bbl):
Fresh water used in treatment (bbl): 46
Total proppant used (lbs):
Max pressure during treatment (psi): 830
Fluid density at initial fracture (lbs/gal):
Min frac gradient (psi/ft):
Number of staged intervals:
Flowback volume recovered (bbl):
Disposition method for flowback: DISPOSAL
Rule 805 green completion techniques were utilized: [ ]

Reason why green completion not utilized: PIPELINE

Fracture stimulations must be reported on FracFocus.org

Test Information:

Date: 05/31/2013 Hours: 8 Bbl oil: 16 Mcf Gas: 0 Bbl H2O: 23
Calculated 24 hour rate: Bbl oil: 48 Mcf Gas: 0 Bbl H2O: 69 GOR:
Test Method: SWAB Casing PSI: Tubing PSI: Choke Size:
Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 35
Tubing Size: 2 + 7/8 Tubing Setting Depth: 7441 Tbg setting date: 05/31/2013 Packer Depth: 7441

Reason for Non-Production:

Date formation Abandoned: Squeeze: [ ] Yes [ ] No If yes, number of sacks cmt

\*\* Bridge Plug Depth: \*\* Sacks cement on top: \*\* Wireline and Cement Job Summary must be attached.

FORMATION: KEYES Status: DRY AND ABANDONED Treatment Type: ACID JOB

Treatment Date: 05/24/2013 End Date: 05/28/2013 Date of First Production this formation: \_\_\_\_\_

Perforations Top: 8174 Bottom: 8190 No. Holes: 64 Hole size: 1/4

Provide a brief summary of the formation treatment: \_\_\_\_\_ Open Hole:

Acid Job: 12.5% HCL 38 bbl, 4% KCL 49 bbls

This formation is commingled with another formation:  Yes  No

Total fluid used in treatment (bbl): 87 Max pressure during treatment (psi): 1500

Total gas used in treatment (mcf): \_\_\_\_\_ Fluid density at initial fracture (lbs/gal): \_\_\_\_\_

Type of gas used in treatment: \_\_\_\_\_ Min frac gradient (psi/ft): \_\_\_\_\_

Total acid used in treatment (bbl): 38 Number of staged intervals: \_\_\_\_\_

Recycled water used in treatment (bbl): \_\_\_\_\_ Flowback volume recovered (bbl): \_\_\_\_\_

Fresh water used in treatment (bbl): 49 Disposition method for flowback: DISPOSAL

Total proppant used (lbs): \_\_\_\_\_ Rule 805 green completion techniques were utilized:

Reason why green completion not utilized: PIPELINE

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: 05/24/2013 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 26

Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 78 GOR: \_\_\_\_\_

Test Method: SWAB Casing PSI: \_\_\_\_\_ Tubing PSI: \_\_\_\_\_ Choke Size: \_\_\_\_\_

Gas Disposition: \_\_\_\_\_ Gas Type: \_\_\_\_\_ Btu Gas: 0 API Gravity Oil: 0

Tubing Size: 2 + 7/8 Tubing Setting Depth: 8132 Tbg setting date: 05/24/2013 Packer Depth: 8132

Reason for Non-Production: None commercial

Date formation Abandoned: 05/28/2013 Squeeze:  Yes  No If yes, number of sacks cmt \_\_\_\_\_

\*\* Bridge Plug Depth: 8164 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

FORMATION: MORROW V-11 Status: DRY AND ABANDONED Treatment Type: ACID JOB  
 Treatment Date: 05/28/2013 End Date: 05/30/2013 Date of First Production this formation:  
 Perforations Top: 8108 Bottom: 8119 No. Holes: 45 Hole size: 1/4  
 Provide a brief summary of the formation treatment: Open Hole:

Acid Job: 12.5% HCL (26 bbl), 4% KCL (48 bbl)

This formation is commingled with another formation:  Yes  No  
 Total fluid used in treatment (bbl): 74 Max pressure during treatment (psi): 2600  
 Total gas used in treatment (mcf): Fluid density at initial fracture (lbs/gal):  
 Type of gas used in treatment: Min frac gradient (psi/ft):  
 Total acid used in treatment (bbl): 26 Number of staged intervals:  
 Recycled water used in treatment (bbl): Flowback volume recovered (bbl):  
 Fresh water used in treatment (bbl): 48 Disposition method for flowback: DISPOSAL  
 Total proppant used (lbs): Rule 805 green completion techniques were utilized:   
 Reason why green completion not utilized: PIPELINE

**Fracture stimulations must be reported on FracFocus.org**

**Test Information:**

Date: 05/29/2013 Hours: 8 Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 26  
 Calculated 24 hour rate: Bbl oil: 0 Mcf Gas: 0 Bbl H2O: 78 GOR:  
 Test Method: SWAB Casing PSI: Tubing PSI: Choke Size:  
 Gas Disposition: Gas Type: Btu Gas: 0 API Gravity Oil: 0  
 Tubing Size: 2 + 7/8 Tubing Setting Depth: 8064 Tbg setting date: 05/29/2013 Packer Depth: 8064  
 Reason for Non-Production: None commercial  
 Date formation Abandoned: 05/30/2013 Squeeze:  Yes  No If yes, number of sacks cmt  
 \*\* Bridge Plug Depth: 8060 \*\* Sacks cement on top: 2 \*\* Wireline and Cement Job Summary must be attached.

Comment:

I hereby certify all statements made in this form are, to the best of my knowledge, true, correct, and complete.  
 Signed: Print Name: Jack Fincham  
 Title: Agent Date: Email fincham4@msn.com

**Attachment Check List**

Att Doc Num	Name
400465705	WELLBORE DIAGRAM
400466940	WIRELINE JOB SUMMARY

Total Attach: 2 Files

**General Comments**

User Group	Comment	Comment Date

Total: 0 comment(s)